



ARKANSAS INSURANCE DEPARTMENT
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE (501) 371-2605
<http://www.arkansas.gov/insurance/>

**INSTRUCTIONS FOR FILING FEES FOR
APPROVED FOREIGN SURPLUS LINES INSURERS**

DUE DATE: MARCH 1, 2005

EACH INSURER MUST SEND THE FOLLOWING:

1. 2004 FORM AID AC SLI-T (ANNUAL REPORT OF FEES)
2. COMPANY CHECK MADE PAYABLE TO: **THE STATE INSURANCE DEPARTMENT TRUST FUND.**

SEPARATE FILINGS AND CHECKS ARE REQUIRED FOR EACH INSURER. GROUP CHECKS ARE NOT ACCEPTABLE.

Form must be signed by an officer or director of the company. All lines must be completed.

DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE ANNUAL STATEMENT OR ANY OTHER CORRESPONDENCE.

MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS:

ARKANSAS INSURANCE DEPT.
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT:

ACCOUNTING DIVISION
(501) 371-2605
Email: Insurance.Accounting@arkansas.gov

PENALTIES: ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607. **THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING FORMS AND PAYMENTS.** ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1, 2005. NO AUTHORITY EXISTS FOR GRANTING ANY EXTENSION OF TIME FOR FILING OR PAYMENT.

**ARKANSAS INSURANCE DEPARTMENT****2004 AID AC SLI-T**

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ACCOUNTING DIVISION
DUE MARCH 1, 2005

___ ORIGINAL FILING

___ AMENDED FILING

**ANNUAL FILING FEE FOR APPROVED
FOREIGN SURPLUS LINES INSURERS**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

FILE THE FOLLOWING ANNUAL FEES DUE THE STATE OF ARKANSAS PURSUANT TO
ACA 23-61-401 AND DEPARTMENT RULE AND REGULATION 57:

ANNUAL STATEMENT FILING FEE	\$ 50.00
RULE 57 ANNUAL CONTINUATION FEE	<u>500.00</u>
TOTAL FEES DUE	\$550.00*

**CHECK MUST BE MADE PAYABLE TO THE STATE INSURANCE DEPARTMENT
TRUST FUND. ATTACH TO THIS FORM AND SEND TO THE ACCOUNTING DIVISION.**

FILED THIS _____ DAY OF _____, 20____.

SIGNED BY: _____ (OFFICER OR DIRECTOR)

_____ (PRINTED NAME)

_____ (TITLE)